

**Gist of the deliberations of the meeting of Working Group on AIDS control
by Planning Commission**

A meeting of the Working Group on AIDS Control, constituted by the Planning Commission, was held on 5/9/2011 at NACO as part of the process of formulation of the XIIth Five Year Plan (2012-17). The draft strategy paper for NACP IV has been prepared after a wide ranging consultation with all stakeholders at various fora. This transparent and inclusive process involving civil society, positive networks, communities, technical experts, and government representatives from state and other central Ministries was widely appreciated. The strategy paper outlines the following objectives for NACP IV:

1. (a) 80% reduction in new infections in high prevalence states;
(b) 60% in low prevalence states
2. Comprehensive Care, Support and Treatment to all persons living with HIV/AIDS.

It is envisioned that these objectives would be achieved with adoption of the following strategies:

1. Intensifying and consolidating quality prevention services to HRGs and vulnerable populations;
2. Increasing access and promoting innovative and sustainable mechanisms for comprehensive Care, Support and Treatment;
3. Expanding IEC services for (a) general population and (b) High Risk groups with a focus on behavior change and demand generation;
4. Strengthening institutional capacities and process of integration;
5. Enhancing access, coverage and quality of services by leveraging partnerships;
6. Strengthening programme initiatives through innovations.

The strategy paper was discussed and a general consensus emerged around issues, which is summarised below:

1. Objectives may be reviewed to ensure that there is no undue emphasis on high prevalence states which are already showing a decline in new infections, at the expense of other states where a slight increase in prevalence has been noted. Due attention must be paid to areas of emerging vulnerability.
2. It was also felt necessary to review the projected figures and budget for ART to ensure that the same were adequate.
3. The involvement of communities and their contribution in the success of the national programme was underlined, as was the need for creation of an enabling environment to reduce stigma and discrimination and improve access to services by investing in increased ownership of the programme by communities and by tackling the legal aspects also.
4. The necessity of expanding socio-economic rehabilitation packages for people affected and infected with HIV/AIDS was felt by all. It was agreed that the Plan should be differentiated to clearly show the contribution by other Ministries towards this end, as part of a multi-sectoral approach to tackle HIV/AIDS. The plan budget would thus commit resources to NACO, while also identifying segments that would be reflected in plans of associated Ministries/Departments.
5. There was general agreement that while it was necessary to work towards integration with NRHM with a view to long term sustainability, it was necessary to proceed with caution keeping the focus on issues paramount to the HIV programme, maintaining quality and the special needs of MARPS. The need for ensuring flexibilities to meet local requirements was also articulated.

The draft paper would be reviewed in view of the above recommendations.